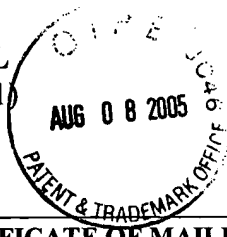


**RESPONSE
TRANSMITTAL**

Docket No.:	EWV-P001US	Total Pages:	5
Application No.: 09/496,170			
Filing Date: 02/01/2000			
First Named Inventor: Jeffrey Delaney			
Art Unit: 2645			
Examiner Name: Allan Hoosain			

ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop ISSUE FEE <input type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																														
<p>1. <input checked="" type="checkbox"/> Response to Notice of Allowance and Fee(s) Due dated May 9, 2005.</p> <p><input type="checkbox"/> After Final.</p> <p>2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is _____; accordingly the appropriate non-small-entity fee is (\$ _____.00).</p> <p><input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$ _____.00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.</p> <p><input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: _____)</p> <p><input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table><tr><td><u>Total Claims</u></td><td><u>Extra Claims</u></td><td><u>Fee (\$)</u></td><td><u>Fee Paid (\$)</u></td><td><u>Multiple Dependent Claims</u></td></tr><tr><td>_____ -20 or HP= _____</td><td>x</td><td>25</td><td>_____</td><td><u>Fee (\$)</u> <u>Fee Paid (\$)</u></td></tr><tr><td colspan="4">HP = highest number of total claims paid for, if greater than 20</td><td>180 _____</td></tr><tr><td><u>Indep. Claims</u></td><td><u>Extra Claims</u></td><td><u>Fee (\$)</u></td><td><u>Fee Paid (\$)</u></td><td></td></tr><tr><td>_____ -3 or HP= _____</td><td>x</td><td>100</td><td>_____</td><td></td></tr><tr><td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td><td></td></tr></table>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	_____ -20 or HP= _____	x	25	_____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	HP = highest number of total claims paid for, if greater than 20				180 _____	<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		_____ -3 or HP= _____	x	100	_____		HP = highest number of independent claims paid for, if greater than 3.				
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_____ -3 or HP= _____	x	100	_____																												
HP = highest number of independent claims paid for, if greater than 3.																															
<p>7. <input checked="" type="checkbox"/> Other Fees: Issue Fee Payment in the amount of \$700.00</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (_____). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input checked="" type="checkbox"/> Other Enclosure(s): Part B – Fee(s) Transmittal/ PTOL-85; and Change of Correspondence Address (PTO/SB/122)</p> <p>12. <input type="checkbox"/> Remarks:</p>																															




CERTIFICATE OF MAILING BY EXPRESS MAIL

I hereby certify that under 37 CFR §1.10 that this correspondence is being deposited on 8/8/05 with the United States Postal Service as Express Mail Post Office to Addressee with sufficient postage in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Anthony L. Miele

Dated: 8/8/05

Respectfully submitted,

By: 
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